SEXUAL HEALTH FOR transgender & gender non-conforming people

By Dr Alex Müller

GLOSSARY

Bisexual

People whose sexual orientation is towards people of both genders, i.e. men whose sexual orientation is towards men and women.

Cisgender

Someone whose identity conforms to the gender assigned to them at birth and whose *gender* matches their sex at birth (previously also known as non-transgender).

Cross-gender hormone replacement therapy

One part of *gender-affirming treatment* can be the intake of hormones in order to create changes in sexual characteristics. In the case of transgender women these would be oestrogens and progesterone, which stem some hair growth and initiate breast development; in the case of transgender men, this would be testosterone, which breaks the voice and promotes hair growth. one part of gender-affirming treatment can be the intake of hormones in order to create changes in *sexual characteristics*.

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Front hole

Transmen who have not had surgery still have a vagina. Since the word vagina is usually associated with a female body, we use the more neutral word 'front hole'.

Gender non-conforming

Gender non-conforming people are those who are by society's norms not been 'recognised' as male or female.

Gay

This word colloquially refers to homosexual people, most frequently men; thus men whose sexual orientation is predominantly towards other men.

Gender

The socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for men and women.

Gender-affirming treatment/ procedure

(Medical) treatment and procedures; such as cross-gender hormones, gender-affirming surgeries, etc., which a transgender person can choose to undertake in order to make their bodies more congruent with their gender identity, thus affirming their gender.

Gender identity

One's private sense of being male or female or another gender. It usually, but not always, matches the sex based on the external genitalia present at birth.

Gender markers

The markers in identity documents, such as passports, and other official documents which indicate that whether someone is male or female.

Gender non-conforming

Gender non-conforming people are those who are by society's norms not 'recognised' as male or female.

Lesbian

Homosexual women; women whose sexual orientation is predominantly towards other women.

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PREFACE

This guide is for transgender and gender non-conforming people and their partners and lovers.

The word **trans** is used to include people who might also call themselves any of these very different words: transsexual/transgender/genderqueer/queer/cross-dresser/drag queen/drag king. When we use the term transwomen in this guide, we are talking about people who identify on some level as female but were assigned male at birth. When we use the term transmen, we mean people who identify on some level as male but were assigned female at birth.

We will also be talking about people who are not trans — that is, people who were assigned one gender at birth and more or less still identify with that gender. We'll use the words **cisgender** and **cis** to describe these people (ie, cis women and cis men).

One of the big challenges in writing this safer sex booklet was the question, *"How can we make a safer sex booklet that talks about sex, sexually transmitted diseases, and HIV using language that is clear and respectful to the wide range of transgender and gender non-conforming people who will read it"*? This wasn't/isn't easy.

Most safer sex resources are not aimed at trans people, let alone gender non-conforming people or gay/lesbian/bisexual/queer trans people.

There is no consistent language for our body parts or identities. We tried to make an information booklet to talk about our bodies that made us feel comfortable. Because there is no consistent term used by everyone, we have used the word "front hole" to describe what is medically referred to as a vagina and the word "pre-op genitalia" to describe what is medically referred to as a penis. In certain cases, we've used terms like "vaginal fluids" because we were unsure how to discuss these aspects of our experiences with words that are comprehensive and respectful.

We have tried as best as we can to be respectful and innovative as well as clear and concise. The glossary at the beginning of this booklet gives an overview of all the words that we use. We know that language is not static, and that it is often influenced by Western ideas of identity. If you are offended or don't see yourself in this resource, we apologise. This resource exists for you, so please send us your suggestions so we can make the next one better.

This guide is about the sexual health of transgender and gender non-conforming people. It aims to tell you about:

- your body and what you can do with it
- how to have safe and enjoyable sex
- the risks of sex and how to negotiate them

Sexual health for transgender and gender non-conforming people

Sexual health means:

- *overall well-being with your sexuality*
- *a positive and respectful approach to sexuality and sexual relationships*
- *enjoyable and safe sexual experiences without coercion, discrimination or violence*

Although transgender and gender non-conforming people have many sexual health needs that are similar to cisgender people, we also have very specific needs that are not usually discussed.

This guide will give you the most important information about your sexual health, and help you to make decisions that lead to enjoyable and safer sex.

GENDER EXPRESSION, OUTING AND PERSONAL SAFETY

Transgender people often try to ensure that their gender expression conforms to expectations by society regarding this gender. Presenting clearly as female or male is sometimes called 'passing'. However, whether you pass or not does not define whether you are a man or a woman.

For transmen this means being seen as male, for transwomen being seen as female. Your gender expression is a matter of perception, the way that people perceive and treat your gender in day-to-day life.

You can feel very male or female and identify as a man or a woman and not pass by society's dominant definitions, or only pass some of the time.

There are a lot of ways that transgender people express their masculinity or femininity; from binding their chests to changing the way they talk to taking hormones and changing their bodies.

Gender non-conforming people do not match society's perception of what is male or female. Sometimes they are trying to challenge the idea that there are only two genders (the gender binary), or they just don't care.

For many transgenders it is important that their gender expression matches society's norms, because they feel more accepted or often because it is safer. However, what society thinks about your gender expression does not make you more of a man or a woman.

Whether or not your gender expression conforms to society's norms, you will need to decide if and when to tell somebody you have met that you are transgender. There are pro's and cons to both disclosing and not disclosing. Every person needs to make their decision based on where they are, if they feel comfortable and/or safe, and many other reasons.

You need to think about this not at the time of having sex, but much earlier. When you want to tell someone you are trans, consider the following points:

- Are you in a space that is physically and emotionally safe? That you feel comfortable in?
- Can you leave the situation?
- Are you prepared to educate someone who might not know a lot about transgender people?

there is a risk that the person might become angry, violent or abusive

There is always a risk that the person you are disclosing to does not take it well. They might become angry, violent or abusive. This can be not only an emotional risk for you, but also threaten you physically.

Think about the following in case your disclosure goes badly:

- Do you have a place to go, or can you leave the situation safely?
- Do you have support from your friends or family?
- Can you deal with possible emotional/sexual rejection?

BEFORE YOU HAVE SEX

You usually don't just walk up to somebody and have sex.

Having sex should be a negotiated decision that you and your partner or lover make together.

There are many ways to have sex, but you should always feel comfortable about the person you are having sex with, about the place where you have sex and about the circumstances under which you have sex.

For transgender and gender non-conforming people, there are a few things to consider before having sex with somebody.

Meeting people

Bar/Nightclub

Bars and nightclubs are common places for meeting people. Some gay clubs are transfriendly and others are not. If you can, talk to other transgender and gender non-conforming people about their experiences at different bars.

TIPS

TALKING TO STRANGERS

If you are leaving with someone, tell a friend or introduce the person to your friends before you leave with the person.

Meeting Online

The internet is a great place to find

people to hook up with. Online dating sites can, potentially, give transgender and gender non-conforming people the opportunity to meet people for friendship, a relationship or to find casual sex.

Keep in mind that it is the person you're connecting with — not the website. Just because the site is safe, doesn't mean the person is.

TIPS

DISCLOSING

- Decide ahead of time if you're going to disclose your gender identity. You can do it in your online profile, in e-mails or in person.
- If you disclose, be prepared to answer questions about your gender and your body. For some people this can be an opportunity to let people know what you want sexually and what your expectations are.
- If you decide to meet up with the person, make sure someone knows where you're going and that you have some way of contacting them if the situation is not what you were expecting.
- If you're meeting somebody for the first time, meet in a public space. Don't meet people for the first time in your or their apartment.
- Be clear that you want safer sex and be prepared to assert that when you get together with somebody. Some people will say they are into safer sex and then when they get together will try to have unsafe sex. This may be particularly true if the person you're with believes that transpeople are much less likely to have HIV.
- Know that people who are HIV positive will not necessarily disclose their HIV status. HIV carries a great deal of stigma and discrimination. The fact that a person is willing to have unsafe sex with you does not mean anything about their HIV status. They may have HIV and think that you do too or that it is your responsibility to insist on safer sex if you want that. They may not have HIV and think that you don't either. And they may have HIV and not know it.

MYTHS ABOUT TRANS-GENDER AND GENDER NON-CONFORMING PEOPLE

TRANSMEN

Aren't at risk for HIV

This is a really common myth. If you have unprotected sex you are at risk. This is because it is easy for cum, blood, or vaginal fluids that have HIV in them to be absorbed into your body during unprotected sex. Think about the sex you have or want to have. Educate yourself about the risks associated with those sexual activities and learn about ways to reduce your risk while still enjoying the sex you want.

Don't have sex with other men

Like all men, transmen identify as straight, bisexual, gay, queer, pansexual, asexual, etc. There is a misconception that if you are a transman, you will automatically only want to sleep with women. Some transmen do. However, some transmen like sleeping with other men - trans and cisgender.

Are Bottoms

This myth stems from the fact that people assume that transmen don't have penises. However, some transmen have had surgeries that allow them to penetrate their partners with their

genitals. There are also other options like strap-ons, dildos and hands that transmen use to have sex with.
The way their genitals look doesn't determine whether somebody will be a top or a bottom.

There are a lot of transmen who like being bottoms, while others like being tops. Some will switch, giving and receiving, depending on the time and person(s) they have sex with. Still others like to have sex without any kind of penetration. Besides, being top or bottom is not only about penetration and position.

Can't get pregnant

This is a common and dangerous misunderstanding. Even if transmen are taking testosterone, they can still get pregnant if they have penetrative sex with somebody who has a penis. If you have sex with a person who has a penis, make sure they use condoms. This also protects you against HIV and other STIs.

Do not like their partners to touch/ stimulate their genitals

This is the most common assumption about transmen. Like with any other people sex and intimacy is negotiated. Especially in the case of longer term relationships, and growing trust, many transmen have various levels of comfort with their partners actually touching, stimulating and seeing their genitals.

TRANSWOMEN

Don't have sex with other women

Like all women, transwomen identify as straight, bisexual, lesbian queer, pansexual, asexual, etc. There is a misconception that if you are a transwoman, automatically you will only want to sleep with men. Some transwomen do. However, some transwomen like sleeping with other women - trans and cisgender.

Transwomen who sleep with women aren't at risk for HIV

This is a really common myth. If you have unprotected sex you are at risk. The risk for HIV is lower between two women, but lesbian women can also get HIV. Think about the sex you have or want to have. There is a section on safer sex in this booklet, and it describes the HIV risk for every sexual activity. Look it up to learn what activities place you at risk for HIV — regardless of who you are sleeping with.

Can only be bottoms

Some transwomen have had surgeries that allow them to be penetrated by their partner. However, being top or bottom is not only about penetration and position. The way that their genitals look doesn't determine whether somebody will be a top or a bottom. There are a lot of transwomen who like being bottoms, while others like being tops. Some will switch, giving and receiving depending on the time and person(s) they have sex with. Still others like to have sex without any kind of penetration.

THESE HELP TO KEEP YOU SAFE DURING SEX

Male Condoms

Male condoms are available free of charge at every government health facility. They are often available free of charge in schools or other public buildings.

You can also buy male condoms in supermarkets and pharmacies. Use male condoms if you have a penis and have penetrative sex (vagina, front hole or anus), or if someone gives you oral sex. Male condoms should also be used when using strap-ons or dildos, especially if you sometimes share these.

Female Condoms

Female condoms are inserted into the vagina or front hole before having sex. You can get them at your local clinic, but you will often have to ask for them. Use female condoms if you have a vagina or front hole and have penetrative sex (vagina or front hole) with somebody. Female condoms can also be used anally.

Dental dams

Dental dams are square pieces of silicone that you put over genitals when you lick or suck them. Dental dams are generally difficult to find. If you don't have a dental dam, you can use a condom, cut it open and then spread it out. You can also use non-microwaveable cling wrap (make sure it does not have small holes in it). Use dental dams if you have a t-penis or a vagina and receive oral sex, or use them for licking and sucking of the anus.

make sure the non-microwaveable cling wrap does not have small holes in it!

Gloves

Gloves are made of latex or silicone and are available at pharmacies in different sizes. Use gloves if you are fingering or fisting your partner. You can also cut off the thumb of a glove and use it for your t-penis instead of a dental dam.

Lube

Lube helps to keep your genitals wet during sex. This reduces the risk of injuries and tears, and makes sex more enjoyable and safer. You can get lube in pharmacies and sex shops. Not all lubes are good for condoms, sex toys or packers. Read more about lubes in the next section of this guide.

HAVING SEX

Body fluids can transmit HIV and STIs (sexually transmitted infections).

Body fluids are cum/semen, blood, pre-cum, vaginal fluids including menstrual blood, and breast milk.

Some things, like herpes, can be transferred just by skin-on-skin contact, so always make sure to look carefully at your partners' or clients' genitals and mouths. You cannot eliminate the risk by one hundred per cent, but you can reduce it. Similarly, male and female condoms, dental dams and gloves do not reduce your risk of getting HIV or an STI to zero — but they reduce it a lot.

Having penetrative sex (in the anus, vagina or front hole)

Having sex and being penetrated in or penetrating the anus, vagina or front hole with a penis, a pre-op genital, a strap-on or a toy can be enjoyable. Just remember, that, especially with penises and pre-op genitalia, this can be one of the most high risk sex acts. It is high risk for HIV and every other STI. The following tips will help you to have safer, yet enjoyable sex:

- Use a condom. For transwomen, use a condom on your pre-op genital, too.
- Change condoms between holes and between partners. This helps prevent the spread of bacteria and STIs between different body parts and partners.
- Use lube! Water-based lubes are best, especially if you're using latex condoms. This helps prevent tears in the anal and vaginal lining, which will help prevent you and your partner from getting HIV or an STI. You can find more info on different kinds of lube in the section on sex toys.
- Barebacking (not using condoms) is popular in gay porn, but this is the most high risk way to have sex. Respect your body and your partner's body by using condoms and lube!
- As a transwoman, if you have sex with a cisgender woman or a transman with your pre-op genitalia, remember that you could still get them pregnant. Use a condom if you aren't planning on getting your partner pregnant.

Oral sex

Sucking, licking, eating out — it's all the same thing. Oral sex (using your mouth and tongue on someone's crotch) can be very enjoyable for many people. Oral sex is low risk for HIV transmission, but you could still be at risk for other STIs: herpes, gonorrhoea, Chlamydia, and Hepatitis B. Some people enjoy having oral sex when they have their period, others don't. You can have sex when you or your partner is menstruating, as long as you stick to the tips for safer sex. Here are tips for you to have safe oral sex:

- Use a condom for penis and pre-op genitalia. Put some lube on the inside of the condom for extra sensation. Transmen who have had

surgery and have a penis should also use condoms.

- Make sure to try and avoid swallowing cum and precum, if you decide to go without a condom.
- Use a dental dam for vaginas, front holes and t-penis. Some transmen find that dental dams don't work well after they have taken testosterone for a long time, so one solution is to cut a glove on the thumb-side from the wrist to where the thumb starts. This can cover their t-penis, while the rest can hang down and be used as a dental dam. You can also use non-microwaveable cling wrap if you don't have a glove or a dental dam.

Don't floss or brush your teeth for at least 30 minutes before having or giving oral sex. Flossing and brushing can make tiny cuts inside your mouth which increase your risk of spreading or getting HIV or STIs.

Rimming

Rimming (licking and sucking your partner's anus) can be very enjoyable. It is low risk for spreading or getting HIV, but a high risk for spreading gonorrhoea, herpes, syphilis, Hepatitis A and Hepatitis B. If you follow this advice you can lower your risk while rimming:

- Wash the area. Simply use soap and water. Be careful not to get the soap up your butt, because this irritates and can burn.
- Use a dental dam. Or, cut the ends of a condom off, and then cut down one side of it to create a large square that will work just like a dental dam. Or you can use non-microwaveable cling wrap.
- Some people like to douche before getting rimmed. This is not recommended, because it can increase your risks of contracting an STI.

Scissoring

When two people with vulvas rub their genitals together, we usually call this scissoring, or tribbing. Transwomen who have sex with cisgender women and transmen who have not had surgery often enjoy this. This is a low risk for HIV, but can be a risk for syphilis, gonorrhoea, and herpes. These are the ways to reduce your risk:

- Check your partner's genitals for any sores, open cuts, or abrasions.
- Try wearing underwear and/or pants while tribbing to reduce contact with fluids.
- Use non-microwaveable cling wrap with lube.

Fisting

Fisting is when you insert your entire hand (or most of it) into your partner's vagina, front hole or anus. Transwomen who have had bottom surgery often cannot be fisted because the skin is not stretchy enough, if it is forced this can lead to tears and other issues. For the person receiving, fisting can increase your risks for spreading or getting

HIV or STIs during other sex acts for up to two weeks after being fisted due to small tears (often invisible at first glance). For the person doing the fisting, this is a very low risk for HIV transmission, as long as you have no cuts or sores on your hand.

- Use gloves.
- Use lube, lots! This will decrease small injuries or tears in the vagina, front hole or anus that make it easier to catch or spread HIV and other STIs. Use water-based lubes, especially if you are using a latex glove.
- Make sure to use condoms during sex for at least two weeks after being fisted.

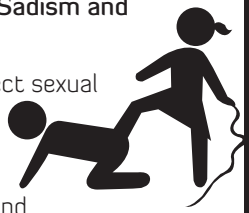
Fingering and handjobs

Penetrate your partner with your finger, or wrap your hand around your partner's penis, t-penis or pre-op genitalia. No matter the shapes of the genitals involved, this is usually low risk for transmitting HIV, but you could still be at risk for getting or spreading warts and herpes.

- Wash your hands before having sex. Simply use soap and water.
- Check to make sure you don't have any open cuts or abrasions on your hands. Rubbing your hands with hand sanitizer, lemon juice, or alcohol should make it obvious if you've got any little cuts.
- Wear gloves. Especially if you're penetrating their vagina, front hole, or anus. Make sure to switch gloves between each hole and each partner so that you don't pass any bacteria or viruses between genitals and partners.

BDSM

Some people really like BDSM. BDSM stands for Bondage & Discipline (BD), Domination & Submission (DS) and Sadism and Masochism (SM).



BDSM are not only direct sexual activities, but can also be power and role play. BDSM should be based on informed consent, and needs to be safe and consensual.

A lot of BDSM activities have no HIV risk or a low HIV risk, for example use of leather, whips, chains, floggers, paddles, clamps, masks, gags, and anything else that do not include the exchange of body fluids from one person to another. Always clean these tools before using them on another person (see the section on sex toys for cleaning tips).

Other BDSM activities can be cutting, play piercing and suspension. These activities are higher risk for HIV if one person's blood enters another person's bloodstream. Some people also enjoy scat play (involving human excrement), which can put you at risk for Hepatitis A and parasites.

Water play (involving human urine, also known as 'golden shower') has no risk for HIV, but can transmit other STIs to open sores on the skin. If you are having any other kind of sex while doing BDSM, your risks are the same as described above. Here are a few tips for safe BDSM play:

- Avoid direct contact with blood, shit or other bodily fluids. Avoid pee on open skin sores, mucous membranes and eyes.

- Use clean, sterilized equipment (like needles, knives, blades,) and don't re-use it on other people.
- For piercing, branding, or shaving, any drops of blood should be wiped away with sterile cotton balls. Soak the cotton ball in medicinal alcohol.
- Use condom and dental dams for all other sexual activities.

LUBE

For penetrative sex and fisting, lube can be an essential part of having a good time. This is especially important for transwomen who have vaginas, because their vaginas will hardly become wet by themselves. Using lubricants can reduce small injuries of the vagina, front hole and anus. Small tears increase your risk of contracting or spreading HIV and other STIs. Water-based lubes are the best – use K-Y Jelly, which you can get at Clicks or any pharmacy. Vaseline, aqueous cream, water, spit, cooking oils, and other oils are NOT recommended! Vaseline is made from petroleum, will degrade the anal or vaginal lining and weakens condoms, increasing your risks. Water, spit, and oils tend to be absorbed quickly by the body, meaning you'll get dry fast, which also increases your risks. And remember: lube does not protect you from HIV and STIs. You will still need to use a condom.

SEX IF YOU HAVE HAD GENDER REASSIGNMENT SURGERY

Many transgender people like the genitals they were born with and don't want to change them, and many cannot afford to have the surgeries they would like to change their bodies. Still, a few trans people both want and are able to have genital surgeries.

If you have had surgery, or are sleeping with somebody who has had surgery, here are a few tips:

Orchidectomy

An orchi removes the testicles, which produce most of the testosterone in the body. They also create semen. So, if you've had an orchi, you might find that this changes sex a bit. First off, you might still pre-cum, but might not be able to cum anymore. This does not mean that you cannot have an orgasm though. And it also doesn't mean that you are no longer at risk for HIV and STIs. You might find that you are unable to maintain an erection after having an orchi. If you can, use a condom when having sex with your pre-op genital. If you find that you can't get a condom to stay on, try using cling wrap.

Vaginoplasty

Your new vagina was probably created with skin from your penis, testicles, thighs, and maybe even your colon. There are a few things to keep in mind:

- You are still at risk for getting or spreading HIV and STDs. Depending on the kind of surgery, you might even be at a higher risk than you were before (such as when a surgeon uses parts of your colon). So make sure that your partners use condoms, dental dams, and/or gloves.
- Trans vaginas don't usually self-lubricate. While some transwomen self-lubricate a bit (this usually happens only after surgeries that used the colon method), most don't get any self-lubrication and those of us who do don't lubricate as well as ciswomen or transmen. So make sure to use lube.
- Transwomen's vaginas are less stretchy and more delicate than ciswomen's and transmen's vaginas, so there are some things that you might not ever be able to do. The number one among them is vaginal fisting. You also should not have anal sex and anal fisting for a while (up to 2 years) after your surgery. Check with your surgeon. One of the reasons for this is that it could cause a vaginal prolapse — that means that your vagina could fall out. You could also cause a fistula — a hole between the anus and the vagina, which can be very hard to repair and dangerous to your health. So be careful - when you are having anal sex, take it slow and easy at first, and stop if you feel irregular pain.
- Don't forget to dilate. Follow your surgeon's guidelines, but dilate at least once a week. Some transwomen stop dilating after a few years — but be careful, this can lead to a shrinking of your vagina, which is usually irreversible.
- If you experience pain or tightness while having sex, try dilating an hour or two before you have sex.
- If you are being penetrated, try different positions to find ones that work best for your body. Some positions work better than others for trans vaginas, but it varies from woman to woman.
- Your vagina can also get yeast infections, so make certain that anything going into your vagina is clean. You will also need to douche/clean your vagina regularly.

Changing your body

TRANSMEN

Binding

Binding is the process of flattening your breast to create a flatter and less noticeable chest. Some transmen bind all the time; others only do it when they go out in public or for special occasions.

Binding can have health consequences. Many of the synthetic materials used for binding don't allow your skin to breathe. This can lead to skin rashes and skin infections. When you bind too tightly it can cause pain and restrict your breathing. Tight binding is especially dangerous for young transmen whose bodies are still growing, because it can disturb the growing of your ribs and lungs. To reduce the potential risks of binding:

- Loosen your binder if it hurts, cuts your skin, makes it difficult to move, or makes it difficult to take a deep breath.
- Give your skin a chance to breathe. Take breaks from binding.
- Wear a thin undershirt under your binder to help absorb sweat and prevent skin irritation.

Taking hormones

We all produce the sex hormones oestrogen and testosterone but people who were labelled female at birth have more oestrogen and people who were labelled male at birth have more testosterone.

Transmen can take testosterone (often called 'T') to make their body look more masculine. When you take T, your facial and bodily hair will increase, your muscles will grow and you will lose fat on your hips and breasts. When you take T, your clitoris also grows. It will become longer and wider. Initially, this growth can also cause your clitoris to be very sensitive and irritable. It can become erect, but you cannot penetrate your partner with it. T can also affect your mood, and either make you depressive, or aggressive. If you want to take hormones to change your body, you can inject T, or get a skin plaster or gel.

At the moment, it is difficult to get hormones in South Africa. Gender DynamiX has a list of health care providers who will prescribe hormones. It is important to know that taking hormones has side effects. For this reason, you should get your hormones from a health care worker.

If you inject T, your healthcare worker should show you how to do it. You can also ask your partner or a friend to help you inject it. It is important that you clean the injection site before you inject, and that you use a new, clean needle every time you inject.

Breast cancer and cervical cancer

As a transman, you are still at risk for breast cancer and cervical cancer. You should continue to have breast cancer exams.

Unless you have had surgery and your uterus removed, you should also have regular Pap smears to checkfor cervical cancer. You can get those at your clinic or GP. Find trans-friendly health care workers through Gender DynamiX, S.H.E. or TIA.

Gender reassignment surgery/ Gender affirming surgery

Some transmen have surgery to change their bodies. There are many options:

- Remove your breasts and create a male-looking chest (this is called mastectomy/ chest reconstruction)
- Remove your womb and ovaries (this is called hysterectomy and oophorectomy). Sometimes surgeons also remove the vagina (this is called vaginectomy).
- To change your genitals there are generally two methods:
  — ***Metoidioplasty*** is when the clitoris is 'released' from skin/ hood and it gives an effect of a larger clitoris. — ***Phalloplasty*** is when muscle,
  nerves, veins and skin from a donor site of the person's body is used to form a phallus.
- Many times, in addition to metoidioplasty or phalloplasty, testicles are formed by implanting silicon to the previous labia.

If you are thinking about having surgery, contact Gender DynamiX for details of surgeons overseas. You should calculate that you will need a few weeks near the place where you had surgery to monitor that your body heals well.

TIPS

You should calculate that you will need a few weeks near the place where you had surgery to monitor that your body heals well.

TRANSWOMEN

Tucking

Tucking is the process of hiding your pre-op genitalia and testicles so that you don't have a 'bulk' in your groin. Often the testicles get pushed back into the body in the inguinal canal, and the pre-op genitalia get tucked back towards the anus. You can either strap it with tape, or use tight underwear.

If you're intending to father a child any time soon, then forget tucking and wear looser fitting dresses or pants. Tucking lowers your sperm count, since body heat affects sperm production.

- Don't tuck and/ or strap for too many hours. Chafing or sores can occur.
- Sitting down must be practiced, because sitting too hard is like being kicked in the groin.
- If you are using tape, make sure it is surgical tape. Using other tape like duct tape can take your skin off when you remove it.
- Cut the hair in your groin really short if you are using surgical tape.

Taking hormones

We all produce the sex hormones oestrogen and testosterone but people who were labelled female at birth have more oestrogen and people who were labelled male at birth have more testosterone. Transwomen can take oestrogen to make their bodies look more feminine. When you take oestrogen, your facial and bodily hair will become less, your muscles will become weaker and you will gain weight on your hips and breasts.

Oestrogen also makes your penis and testicles shrink, and you will no longer be able to have an erection. If you want to take hormones to change your body, you will need to take two hormones: oestrogen and another hormone that stops your male hormone, testosterone, from working. This is called an anti-androgen.

At the moment, it is difficult to get hormones in South Africa. People get them either from a private GP or from the specialised transgender service at Groote Schuur Hospital in Cape Town. It is important to know that taking hormones has side effects. For this reason, you should get your hormones from a health care worker. You also need have regular blood tests if you take hormones.

Prostate cancer

As a transwoman, even if you have had surgery, you are still at risk for prostate cancer. You should have regular checks at your local clinic or GP. To check for prostate cancer, your health care worker has to do an exam of your anus. Find trans friendly health care workers through Gender DynamiX, S.H.E. or TIA.

Gender reassignment surgery/ Gender affirming surgery

Some transwomen have surgery to change their bodies. There are many options:

- Enlarge your breast (this is called mammoplasty)
- Change your genitals (if you remove your penis it is called penectomy, removing your testicles is called orchidectomy, and building a new vagina is called vaginoplasty)

Surgery is expensive and can have many side effects. It is also not very accessible in South Africa. It is available at some state hospitals, but the waiting period can be very long. Some transwomen who can afford it have surgery overseas. If you are thinking about having surgery, contact Gender DynamiX for details of surgeons overseas.

TIPS

You should calculate that you will need a few weeks near the place where you had surgery to monitor that your body heals well.

HIV

HOW DOES A PERSON GET INFECTED WITH HIV?

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS. HIV slowly damages the body's defence system.

This means the body starts losing its power to fight infection and heal itself. This might take years to happen. When the virus has broken down most of the body's defence system the infected person will start becoming ill.

This person would then have AIDS. A person with AIDS can get sick from many different diseases because the body cannot fight any infections. Often people get TB when they have AIDS.

So a person can have HIV for a long time before getting AIDS.

HIV is spread from one person to another through an exchange of some bodily fluids. This means if an infected person's blood, cum, pre-cum or vaginal fluid mixes with yours, you are at risk of infection.

You can become infected by:

- having unprotected oral sex, or by having penetrative sex in your vagina, front hole or anus
- sharing sex toys or needles to inject drugs or hormones
- sharing razor blades which are not cleaned properly

Mothers can infect their babies during pregnancy, birth or through breast-feeding, but the baby of an HIV positive mother will not always be infected.

You cannot get HIV from kissing (unless you have open sores in your mouth), sharing plates, cups or cutlery, or from sharing toilets.
People who have penetrative sex (either in their vagina, front hole or anus) have a high risk of getting HIV if they don't use condoms. Oral sex has a lower risk for HIV, but you should follow the safer sex guidelines and use condoms or dental dams. Kissing, scissoring, rimming, fingering and handjobs have a low risk for HIV.

Get tested for HIV

If you have had sex, you are at risk for contracting HIV. It is important that you know your HIV status so that you can protect yourself and others. Even if you think that you are not at risk, you should get tested for HIV regularly, regardless of your sexual practices. You can get tested for HIV at your local clinic (free of charge) or at your GP. It is not enough to test for HIV when you donate blood.

The person who tests you for HIV will either be a counsellor, a nurse or a doctor. They will ask you about your sexual practices, your partners and when last you have had sex. They will also ask you for symptoms of STDs and symptoms of TB, since people who are HIV positive are at a higher risk of having TB. Then they will prick your finger and test your blood for HIV. It takes about 15 minutes to get a result. After they tell you the result, they will counsel you on what the next steps should be, depending on whether you test positive or negative.

An HIV test doesn't actually test for the virus, but for the antibodies that your body produces when it gets infected. This does not happen immediately when you get infected, and your body needs four to sixweeks to start producing antibodies.

What happens when you test HIV positive?

If you test positive:

- you will receive counselling on what to do next and what being HIV positive means for you
- you will be asked to come back to the clinic for regular blood tests to see how you are doing
- at every follow-up appointment, your blood will be tested for your CD4 count (the number of white blood cells that HIV attacks) and your viral load (the amount of HIV in your blood)
- if your CD4 count is below 200 (or below 350 if you also have TB),

These four to six weeks are called the window period. If you get tested during this period, the result could come up as HIV negative when you actually have the virus. That's why if you get tested within three months of having unprotected sex you need to get tested again three months later to confirm that you are HIV negative. The person who tests you for HIV will ask about your sexual practices and when you last had sex and will advise you whether or not you will need to come back for a second test.

Taking ARVs

When you take ARVs, it is important that you take them regularly and not miss a dose. This is called 'adherence'. You will receive counselling on what makes it easier for you not to forget to take your ARVs. If you don't take all your ARVs, the virus will become resistant and the ARVs will not work any longer. Then you can become sick faster.

ARVs and hormones

You have the right to get ARVs even if you are on hormone treatment.

You need to tell your HIV health care worker that you are taking hormones (even if they have not been prescribed by a doctor), because some ARVs work differently with hormones.

Most ARVs however are not affected by hormones. ARVs can also change how hormones work, so you might need to take more or less hormones when you start taking ARVs.

Trans women might be prescribed a higher dose of oestrogen if they take ARVs. If you stop taking your ARVs you must tell your health care worker because they might need to change your hormones.

you should receive antiretroviral treatment (ARVs)

- make sure you stay healthy – eat healthy, exercise and try to avoid stress
- you need to have safer sex! Even if your partner is also HIV positive, they might have another variant of HIV and you could get infected with this other HIV. Or you could infect them with your HIV.
- if you take ARVs you can stay healthy for a long time.

If you don't take all your ARVs, the virus will become resistant and the ARVs will not work any longer!

Sexually transmitted diseases

HOW DOES A PERSON GET INFECTED WITH A SEXUALLY TRANSMITTED DISEASE (STD)?

Sexually transmitted diseases (STDs) are also known as STIs, venereal diseases or vuilsiekte. There are more than 25 different kinds of STDs. Some of the most common ones are herpes, syphilis, genital warts, gonorrhoea and HIV.

STDs are transmitted in the following ways:

- Through sexual contact with an infected person
- Through close skin contact with an infected person
- By sharing sex toys
- From a mother to her unborn baby or newly born baby

You cannot always tell if you have an STD as there are not always signs you can see.

If you think that you have an STD

This is what you should do:

- Go to a clinic with a trans-friendly health care worker.
- Tell your partner(s) to go for treatment. You and your partner will both need treatment to get rid of the STD completely.
- Your health care worker will give you tablets or injections to treat the STD.
- Always finish the course of treatment, even if you start to feel better or if the signs of infection go away.
- It is best to stop having sex. Rest and recover.
- If you choose to have sex, use a condom every time. You can also try and stick to fingering and hand jobs and give oral sex until you are better.

SOME SYMPTOMS OF AN STD

- **Pain or burning when peeing**
- **Pain during sex**
- **Pain in the pit of the stomach**
- **Swelling near the penis, t-penis, pre-op genitalia, vagina or front hole**
- **Itching on or around the penis, t-penis, pre-op genitalia, vagina or front hole**
- **Puss or smelly fluids coming out of the penis, pre-op genitalia, vagina or front hole**
- **Blisters or sores or warts on or around the penis, t-penis, pre-op genitalia, vagina or front hole**

OVERVIEW OF SEXUALLY TRANSMITTED INFECTIONS

INFECTION AND HOW YOU GET IT	WHAT IT CAN FEEL LIKE	MEDICAL TREATMENT	HOW TO REDUCE YOUR CHANCE OF GETTING AND GIVING IT
HIV • Unprotected penetrative sex (in vagina, front hole or anus) • Any contact between blood/ cum and mucous membranes/ damaged skin • It can be passed from mother to child during birth, but this is preventable	• Many people do not have symptoms • In the initial infection phase people sometimes feel like they have a flu	• You will have to take ARVs that you get from a clinic or your GP • There is no cure for HIV, however it is not a death sentence and can be treated with medications to keep you healthy	• Use a condom when having sex • Make sure to use new needles, and not to share needles • Avoid contact with vaginal fluid, blood and semen
SYPHYLIS • Unprotected oral sex or penetrative sex (in vagina, front hole or anus) • Contact with a syphilis sore • It can be passed from mother to child during birth	• Many people do not have symptoms • Some people get a painless open sore on their body (genitals, anus, or mouth) • Some people experience hair loss, rashes (especially on the hands and feet), fever, swollen glands, muscle and joint pain	• Go to a clinic or your GP. • It can be fully cured with antibiotics if it is caught early	• Use condoms for penetrative sex (in vagina, front hole or anus) with penis and pre-op genitalia and strap-ons • Use gloves for handjobs • Use dental dams for oral sex with vagina or front holes
GENITAL HERPES • Skin-to-skin contact with the infected area, even if there are no symptoms. • Unprotected oral or penetrative sex (in the vagina, front hole or anus) • Kissing	• Many people do not have symptoms, but if they do the symptoms will occur 1 week after transmission • Itching or tingling in the genital area • Tender or swollen glands • One or more blisters that may turn into painful sores • Headaches, fever, muscle pain	• Go to your clinic or GP • There is no cure for genital herpes, however there are drugs that can help reduce or prevent symptoms • Keep the area clean and dry, avoid tight underwear and pants • Bathe quickly and use a hairdryer, instead of a towel, to dry around the sores • If you or your partner have a cervix, have a pap smear to check for related cancer	• Use condoms for oral and penetrative sex (vagina, front hole, anus) with penis and pre-op genitalia and strap-ons. • Use gloves for hand jobs. • Use dental dams for oral sex with vagina or front holes. • Try to avoid having sex during an out-break, if you can.

OVERVIEW OF SEXUALLY TRANSMITTED INFECTIONS

INFECTION AND HOW YOU GET IT	WHAT IT CAN FEEL LIKE	MEDICAL TREATMENT	HOW TO REDUCE YOUR CHANCE OF GETTING AND GIVING IT
GONORRHOEA • Unprotected oral, or penetrative sex (vagina, front hole, anus) • It can be passed from parent to child during childbirth	• Some people do not have symptoms, but those who do may notice them 2-5 days after transmission • Yellow or bloody fluids from penis, pre-op genitalia, vagina, front hole, or anus • Pain during penetration • Blood in your shit • Burning or painful sensation when you pee • Pain in your lower belly, fever, and chills	• Go to your clinic or GP • Gonorrhoea is treatable with antibiotics • Untreated, gonorrhoea can lead to a chronic inflammation	• Use a condom for oral and penetrative sex (vagina, front hole, anus) • Use a dental dam for sex with a vagina or front hole • If you have gonorrhoea, go to the clinic or your GP to get antibiotics
GENITAL WARTS • Skin-to-skin contact with the infected area • Unprotected oral or penetrative sex (vagina, front hole, anus)	• Many people do not have symptoms • Single or clusters of warts on, in, and around the genitals and/or anus. • Warts may be round, flat, or a cauliflower shape that are flesh coloured or grey	• There is no cure, but once warts are present, you can choose to freeze them, burn them, or use topical creams to get rid of them. • Without treatment, it can lead to cancers • If you or your partner have a cervix, have a pap smear to check for related cancer	• Use condoms, dental dams, and/or gloves for oral and penetrative sex, and for handjobs • Warts from the hands can be transferred to the genitals
CHLAMYDIA • Unprotected oral or penetrative sex (vagina, front hole, anus) • It can be passed from parent to child during birth	• Some people do not have symptoms, but for those that do, symptom may appear 1-3 weeks after transmission • Abnormally watery or thick fluids from the penis, pre-op genitalia, or vagina, front hole • Pain during sex or while peeing • Pain in abdomen • Fever	• Go to your clinic or GP • Chlamydia is treatable with antibiotics	• Use a condom for oral and penetrative sex. • Use a dental dam for oral sex with vagina or front hole • If you have Chlamydia, go to your clinic or GP to get antibiotics

Sex Toys

Dildos, vibrators, and packers are toys that many people use when they are having sex.

You have a very low risk of spreading HIV or other STIs as long as you follow some simple suggestions. With all toys, it is important to use lubricant to avoid injuries.

When you use toys, make sure you always clean them between different holes and partners.

Toys made of 100% silicone

- 100% silicone toys are nonporous, so they will not keep bacteria and they are not allergenic.
- Silicone toys can be washed with soap and water (or toy cleaner) and dried in the air. If you want to sterilise silicone toys (only ones that do not contain batteries!), boil them in water for 3 minutes
- A silicone toy can last for years, but once it has a tiny nick it can tear easily. Keep it away from sharp objects, teeth or cat claws.
- Use water-based lubricants. Silicone-based lubricants can hurt the silicone and make it porous.

When you use toys, make sure you always clean them between different holes and partners!

Glass, acrylic and steel toys

- Clean with water and soap (or toy cleaner) and dry in the air. These toys are also nonporous.
- Glass and acrylic toys are very safe and durable, but they can break or chip if they get dropped. Handle them with care. You can change the temperature of glass toys by putting them under hot or cold water. Don't put them in the freezer or microwave.

Jelly, rubber, elastomer and silicone-blend toys

- Wash them with water and soap and dry in the air every time you use them. You should use a condom on them each time, because they are porous and cannot be sterilised. This is especially important if you use the toy in a vagina/ front hole and an anus, or if you share the toy with your partner.
- Store your toy in a bag (or a sock). Some toys can cause harm to the surface of other toys if they are left with them.

Cyberskin packers

- After cleaning your cyberskin packer, dust it with packer dust or cornstarch to make it less sticky. Don't use baby powder or talcum – some research says these might cause cancer.

Vegetables

- Cucumbers for example can work great as toys. Before inserting them, make sure to wash them thoroughly with soap and water, and check that there are no rough bits and that they are still good. It is best to use a condom. Expired vegetables can cause yeast infections.

Lubricant

- Water-based lube: this is the best lube to use. It is safe to use with all toys and condoms.
- Silicone-based lube: it lasts very long, and can be used with condoms. It also works underwater. However, silicone-based lube can damage silicone toys.
- Oil-based lube: do not use this lube with condoms or toys.
- You can also try to change your diet to increase self-lubrication. Okra is a good example for this, whole soy foods, flax seeds and zinc.

ALCOHOL AND DRUGS USE AND UNSAFE SEX

Alcohol and other drugs can make you forget you promised yourself to have safer sex. The use of too much alcohol or any amount of drugs often leads to high-risk sex.

Keep the following in mind:

- Decide what you and your partners rules are for having safer sex. Don't decide to take drugs or drink alcohol if this will affect your judgement.
- Try not to have sex when you are too high – it's much safer when you have your head together.
- Don't use unknown drugs.
- If you do sex work, don't go with a client who is obviously drunk or high.

Sharing needles

Needles are used by people for various reasons. Some people use them to inject hormones. Some people use them to inject drugs such as heroin. And some people have silicone injections to change their bodies.

The following points are important to keep in mind if you are using needles:

- Always use a new, clean needle every time you inject something

- Hormones are usually injected with a different sized needle than drugs. Don't use hormone needles for drug injections or the other way around.
- Try not to share needles or use needles more than once. Sharing needles has a very high risk for HIV and hepatitis C.
- Don't just throw needles out! Put them in a plastic water bottle and take them to your local clinic or GP so that they can safely be disposed of.
- Make sure to keep your injection sites clean by swabbing them with alcohol before injecting and using band-aids after.

SEX WORK/ TRANSACTIONAL SEX

We know that some people, including transgender and gender non-conforming people engage in transactional sex or sex work.

In South Africa, sex work is illegal. The Sexual Offenses Act from 2007 makes it an offense to see and to purchase sex work. It is illegal for the sex worker and for the client. This means that the police can stop and search you, and arrest you, if they suspect that you are a sex worker. A lot of transwomen get stopped and searched by police, regardless if they actually do sex work or not. However, sex work is also very common, and there are many suggestions to make it legal.

If you choose to do sex work, here are some ways to make it safer for yourself and your clients:

- Always carry condoms and lube. Don't rely on the client to bring these. You can get free condoms from most clinics and government services. But be aware that if you carry a lot of condoms, the police may use them as 'evidence' against you if they do stop-and-searches.
- If you can, get money first, get down second.
- If you are robbed, attacked, or raped consider speaking to a sex workers support organisation if there is one in your area (see resources at the end of this booklet)
- Working in pairs or in groups can help if you are working on the street. Write down the license plate numbers of the clients your friends go with, and have them do the same for you.

- Avoid wearing necklaces or scarves. These can be used to choke you if the date goes bad.
- Find a trustworthy friend to call before and after dates. Let them know the client's name, phone number, email, and/or license plate number, in case the date goes bad. If you can't find a friend to do this, pretend to call a friend when the client arrives and tell this "friend" the client's name and what they look like, and that you'll call again after the client leaves. This lets the client think that there will be someone out there who knows where you are supposed to be and who will alert the police if you go missing.
- Wearing lipgloss or lip balm can help prevent you from getting cuts or tears on your lips, especially during the winter. Cuts and tears in your lips will increase your risk of getting HIV, and other STIs.
- Don't carry valuables or too many pieces of identification, if you can. Sometimes a bad client will rob you and you might be left with no ID.
- Never believe the client. Always be aware that they might be lying to you.
- Be clear and firm about your prices and your limits. If you prefer to use condoms for blowjobs, be firm about it, even if they offer you extra money or say they won't have sex with a condom on. Better to lose the money and find another client than to risk your health.
- Dates with more than one client can be risky. If you feel uncom-fortable, get out of there right away.
- For more information contact SWEAT. Their contact details are at the end of this booklet.

RAPE AND SEXUAL ASSAULT

Whether you are a transwoman, a transman, or gender non-conforming, any act of sexual penetration that you do not consent to is rape.

If you get raped or sexually assaulted, there are a number of things you need to think about:

- Are you injured or physically harmed? Do you require health care?
- Do you want to report the person who assaulted you to the police?
- Are you safe or are you in a situation where you can be assaulted again?

Health care

You have the right to health care after being raped or sexually assaulted. Youhave the right to receive health care even if you choose not to report the rape or sexual assault to the police. This includes the following:

- Get *treatment for any injuries* you might have.

- Get *post-exposure prophylaxis (PEP) treatment to prevent the transmission of HIV* if you are HIV negative (PEP only works within 72 hours of the assault. The sooner you take it the better). PEP means that you take ARVs for one month to prevent you from becoming HIV positive. PEP does not eliminate your risk for HIV, but it reduces it a lot.
- Get *prevention treatment for STDs*.
- Get a *pregnancy test and emergency contraceptives* if you are a transman or female-bodied gender non-conforming person (you can only get this if you go to the hospital within 5 days of the assault). If you become pregnant as a result of the offence, you have the right to a *termination of pregnancy* (abortion), free of charge.
- Get a *forensic exam* to collect evidence.
- You have the right to refuse any of these treatments.

The right to report

You have the right to report the rape or sexual assault at a police station.

When you first get to the police station, you only need to give an initial statement with a brief account of the event. You will get a chance to give them more information later.

At the police station

- Once you have said that you want to report a sexual offence, the police should take you to a private area, out of the sight and hearing of other people. They have to take your report seriously.
- The police officer should introduce him/herself.
- A docket will be opened and recorded in the Occurrence Book, but a full statement will only be taken after you have received health care services at the hospital or clinic.
- The officer should give you a form called 'Notice of Services Available to Victims' (SAPS 580) which summarises your legal rights. The officer will explain this form to you if you have any problems reading or understanding it.

You should ask to be taken to a hospital/clinic for medical treatment (including PEP, see above) and a forensic exam. The police should take you there or they will call an ambulance to take you.

Within 36 hours (one and a half days), the Investigating Officer in charge of your case should contact you and

will then take a full statement. The following will happen:

- The Investigating Officer will tell you his/her name and contact details. They should keep you informed of the progress of the investigation and you should contact them with any questions, concerns or information you may have. Contact them if you change your phone number or address.
- You have the right to be accompanied and supported by a person of your choice while making your statement. However, this person should not have witnessed the offence. If you are younger than 18 years old, a parent or guardian should support you while you give your statement, even if they witnessed the offence.
- You have the right to give the statement in your own language and an interpreter should be provided if the Investigating Officer does not speak your language.
- When you give your statement, try to remember as much as you can, providing all the details that you can. The Investigating Officer will write everything down.
- Read the statement and only sign it if you agree with everything that has been written down. You should get a copy of the statement, so ask for it.
  - A docket should already have been opened, and you should be given the docket/case number. Write this information on the chart.
- If after giving the statement you remember something else later, you can call the Investigating Officer and add to your original statement. You can then get a copy of the updated statement.

Hospitals and police stations can be very discriminatory spaces for transgender and gender non-conforming people. It is your right to receive health care and to report to the police. Contact Gender DynamiX, S.H.E. or TIA to find out about trans-friendly hospitals and police stations. You can also contact rape support organisations in your area and ask them to help you.

If you are being abused or assaulted at home, there are safe places where you can go. Contact Gender DynamiX, TIA or S.H.E to find out about where these places are and how you can access them.

Your rights as a patient

The South African Constitution says:

"The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth."

The constitution also guarantees everyone the right to access health care services: "Everyone has the right to have access to ¬health care services, including reproductive health care (Section 27(a))"

This means:

- You have the right to get health care (for HIV, or any other condition), and nobody is allowed to discriminate against you because of your gender identity or sexual orientation.
- You have the right to undergo various gender reassignment procedures (for example hormone treatment) to the extent that you want.
- It is your right to find the appropriate person to treat you. Health care workers sometimes require a diagnosis of gender dysphoria by a medical professional (a psychologist or a psychiatrist) before you can access hormone treatment. Some professionals might be more knowledgeable than others. This is often the case when health care workers don't know enough about the updated *Standards of Care** (SOC) for transgender health. Contact Gender DynamiX, S.H.E. or TIA for more information.
- If you are not satisfied with the service of the public health system, it is your right to challenge government to supply you with the relevant services for your condition
- Many transgender and gender non-conforming people suffer prejudice at health care facilities because of their gender identity or sexual orientation. This is against the SA Constitution. Every citizen of this country can hold public health care providers accountable. Contact Gender DynamiX, S.H.E. or TIA if you need support.

**The Standards of Care are released by the World Professional Association for Transgender Health (WPATH) and outline how transgender health care should be like. They are internationally accepted guidelines for medical, health and service providers about trans health care.*

Resources for more advice

Gay & Lesbian Network

187 Burger St, Pietermaritzburg 3201

Tel: 033 342 6165

Helpline: 0860 33 33 31

Website: www.gaylesbiankzn.org

Gender DynamiX

Situated at: Saartjie Baartman Centre, Klipfontein Road, Manenberg 7764

Tel: 021 633 5287
(Mon-Fri, 9:00-17:00)

email info@genderdynamix.org.za

www.genderdynamix.org.za

FaceBook page: Gender DynamiX

Rape Crisis Counselling Lines

Observatory: 021 447 9762

Athlone: 021 633 9229

Khayelitsha: 021 361 9085

S.H.E. *Social, Health and Empowerment feminist collective of transgender and intersex women of Africa*

Office 5, 5th Floor, NBS Building, Terminus St, East London 5200

Tel: +2773 811 0789

Fax: 086 260 3971

Blog: http://transfeminists.wordpress.com

Skype: transfeminists

SWEAT *Sex Workers Education and Advocacy Taskforce*

19 Anson Street, Observatory 7925, Cape Town, South Africa

Tel: 021 448 7875, Fax: 021 448 7578

Helpline: 0800 60 60 60

Sms Please Call Me to 071 357 7632

email: helpline@sweat.org.za

www.sweat.org.za

TIA *Transgender and Intersex Africa*

2249 Block F, Soshanguve 0152

Tel: 012 797 2612

email: transgender.intersex101@gmail.com

Triangle Project

2nd Floor, Elta House, 3 Caledonian Road, Mowbray 7700, Cape Town

Tel: +2721 686 1475

Fax: +2721 686 1841

Helpline: 021 712 6699 *Daily 1pm-9pm*

email: info@triangle.org.za

website: www.triangle.org.za

GLOSSARY *Continued from inside front cover*

Men who have Sex with Men (MSM)

Men who engage in sexual activity with other men; a behavioural term which does not reference one's identity or desires necessarily, there are many situations where men engage in sex with men without identifying as gay or bisexual.

Natal sex

The sex assigned to a person at birth.

Post-Exposure Prophylaxis

Short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure (commonly administered after rape).

Pre-op genitalia

Transwomen who have not had surgery still have a penis. Since the word penis is usually associated with a male body, we use the more neutral word 'pre-op genitalia'.

Sex

The biological and physiological characteristics that define men and women.

Sexual characteristics

Physical features that are considered to distinguish males and females from each other; primary sexual characteristics refers to the physical features part of the reproductive system, such as genital; secondary sexual characteristics are those physical features linked to the physical sex that are not directly part of the reproductive system.

Sexual orientation

A person's sexual identity in relation to the gender to which they are attracted (heterosexual, homosexual, or bisexual).

T-Penis

Transmen who have taken testosterone can have an enlarged clitoris. In this booklet, we call this a t-penis.

Transition

The process of changing one's gender expression to match one's gender identity.

Transgender

People who have a gender identity, and often a gender expression, that is different to their sex assigned at birth by default of primary sexual characteristics. Some transgender people opt for gender-affirming treatment, while others choose to not, or only partially, undergo such treatment. Transgender people can be heterosexual, bisexual or homosexual.

Transgender man

A transman, or female-to-male (FTM), starts his life with a female body, but his gender identity is male. Always use male pronouns in reference.

Transgender woman

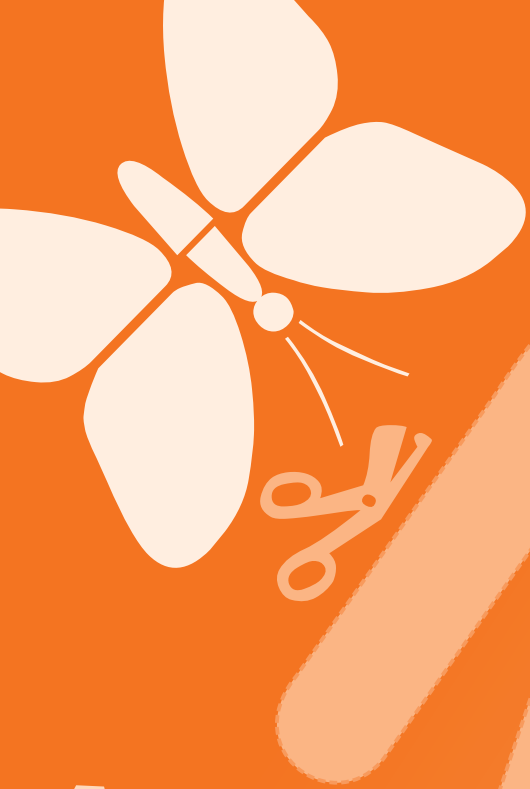
A transwoman, or male-to-female (MTF), starts her life with a male body, but her gender identity is female. Always use female pronouns in reference.

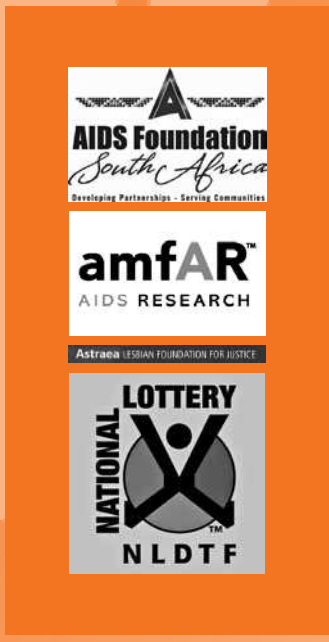
Transphobia

An irrational fear of, and/or hostility towards, people who are transgender or who otherwise transgress traditional gender norms.

Women who have Sex with Women (WSW):

Women who engage in sexual activity with other women; a behavioural term which does not reference one's identity or desires necessarily, there are many situations where women engage in sex with women without identifying as lesbian or bisexual.





ANY DONATIONS WOULD BE GREATLY APPRECIATED!

Gender DynamiX
Saartjie Baartman Centre, Klipfontein Road, Manenberg 7764
PO Box 347 Athlone 7760, Cape Town, South Africa
Tel: 021 633 5287, Fax: 086 614 2298
email: info@genderdynamix.org.za, www.genderdynamix.org.za

First National Bank, Current account 6211 598 2747, Branch code 204 709
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